SECTION C - DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1 BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) is responsible for the work conducted by the Partnership for Patients (PfP) initiative. The PfP is a priority initiative designed to reduce all-cause preventable inpatient harm by 40% and readmissions by 20%. The priority of the PfP will be to focus on the ten areas of harm identified in the Statement of Work. Although the PfP will not limit its work to these areas and will pursue the reduction of all-cause preventable harm, these focus areas are those for which content has been developed, learning activities conducted, and made available to hospitals participating in the partnership. The Hospital Engagement Network (HEN) may address additional forms of preventable harm not limited to, but including, this core set.

- Adverse drug events (ADE)
    1. HENs with participating hospitals that have a primarily adult population must report measures related to opioid safety, anticoagulation safety, and glycemic management, at a minimum.
    2. HENs with participating hospitals that have a primarily pediatric population must report measures related to opioids and two additional measures impactful to pediatric patients, at a minimum. Hospitals with a primarily adult population are also encouraged to report on these pediatric-related areas, in addition to those listed in (a).
- Catheter-associated urinary tract infections (CAUTI), in all hospital settings, including avoiding placement of catheters, both in the ER, and in the hospital.
- Central line-associated blood stream infections (CLABSI), in all hospital settings, not just Intensive Care Units (ICUs)
- Injuries from falls and immobility
- Obstetrical adverse events, including Early Elective Delivery (EED) reduction. Obstetrical adverse events are to include, at a minimum, obstetrical hemorrhage, and preeclampsia treatment and management to prevent morbidity and mortality.
- Pressure ulcers
- Surgical site infections, to include measurement and improvement of SSI for multiple classes of surgeries
- Venous thromboembolism (VTE), including, at a minimum, all surgical settings
- Ventilator-Associated Events (VAE), to include Infection-related Ventilator-Associated Complication (IVAC) and Ventilator-Associated Condition (VAC)
- Readmissions

In addition to these core ten topics, HENs are expected to address all other forms of preventable patient harm in pursuit of safety across the board. HENs are expected to detail their plans to address these other forms of harm, including at a minimum the bold aims, measures, and evidence-based best practices they propose to put in place. The PfP recognizes that the pediatric population has unique needs as they relate to these other forms of preventable harm. Therefore, HENs supporting pediatric hospitals and pediatric wards within general hospitals may choose to augment and delineate an alternative program of work to address highest risk harms specific to the pediatric population, including readmissions.

Additionally, the following are some topics HENs may consider in addressing other harms:

1. Severe Sepsis and Septic Shock
2. Hospital Culture of Safety that fully integrates patient safety with worker safety
3. Iatrogenic Delirium
4. Clostridium Difficile (C. Diff.), including antibiotic stewardship
5. Undue Exposure to Radiation
6. Airway Safety
7. Failure to Rescue

Through coordinated efforts with industry and experts in the field of medicine, CMS has an interest in testing models such as large improvement networks aimed at rapidly studying, and identifying alternative methodologies and care models for bringing about rapid change and improvements in patient care. In support of the PfP, the HEN will engage the hospital, provider and broader care-giver communities to quickly implement well-tested, evidence-based, and measured best practices; the end result of the overall initiative is the anticipated reduction in hospital-based harm and preventable readmissions for our beneficiary population. Provided in Section J, Attachment 1 is a document outlining the overall goals of the PfP and the expected impact on the Medicare and Medicaid populations as well as the impact on the broader population. Further information on other work in the PfP arena and other contracts in support of PfP may be found at Section J, Attachment 2.

C.2 Purpose

Under the terms and conditions of this contract, the HENs shall design and conduct various types of training events and sessions for hospitals. The training shall be rooted in establishing and measuring/evaluating ongoing improvement projects in each participating hospital (or facility). All education activities are designed to achieve reductions in the ten core events and producing measurable improvements in quality measures associated with the ten core events.

The success of the HEN shall, in large part, be assessed through objective measurement of the incidence of the ten core events. The HENs will be required to coordinate their efforts with government and other contractor personnel involved in the PfP while performing tasks of this contract as defined in the requirements below. In order to successfully perform this contract, the HENs must host various training sessions for hospitals engaged in ongoing improvement projects. While it is anticipated that the HENs will engage in methods such as webinars, meetings, and conferences to accomplish the work as defined in this contract, it must be noted that this is a performance-based contract; the expectation is that the contractors will specify in detail the methods they plan to use to meet the requirements as established by the Government.

C.3 REQUIREMENTS

TASK ONE: FINALIZE THE DESIGN OF THE PFP HOSPITAL BASED CAMPAIGN

The contractor shall finalize its project design for the rollout and implementation of the PfP hospital-based intensive improvement program. The design report shall provide extensive detail of how the HEN will conduct activities required under the PfP. Additional detail will be provided as a result of the kick-off meeting with the Government personnel and information shared regarding the National Content Developer (NCD) contract. NOTE: The NCD contractor is accountable under a separate contract for the development of the campaign materials that will be provided to the HEN contractors.

The plan shall identify critical milestones, timelines, and activities to be performed by the HEN in order to engage and educate hospitals in learning collaborative to share best practices for the reduction of patient harm. The plan shall identify significant items such as, but not limited to:

- The manner in which the HEN will enroll hospital participants in its training sessions and to ensure no duplication of a hospital engaging with another HEN, and/or any other CMS quality improvement program (e.g. QIN-QIOs); the plan shall also address actions to be taken by the HEN in the event it cannot engage a particular hospital or a hospital drops out of the HEN's learning collaborative efforts;

- The methodology employed by the HEN to develop collaborative learning networks and successfully coordinate and deliver ongoing learning sessions, dissemination of educational materials, and oversight of work in the PfP performed by hospitals as a result of the HEN educational campaign;

- The manner in which the HEN will coordinate with and communicate with the NCD to

obtain the necessary materials and to provide feedback on the response to the materials after each training session;

- The manner in which the HEN will reach out and coordinate with other impacted entities and/or stakeholders in the PfP arena;

- The approach planned by the HEN to engage the various hospitals (e.g., face-to-face meetings, large conferences, monthly webinars) to address and foster improvements in ten (10) core adverse events (J-3). The HEN shall be required to address all ten core adverse events to support the ongoing spread of evidence-based best practices; and

- The plans for the HEN to keep the government personnel up-to-date on status and ongoing lessons learned; this section should summarize how the HEN will address to resolution any issues that may arise throughout this contract based upon their expert knowledge of the materials, the issues, and the hospital community.

Subtask 1.1: Develop Management Plan

As part of the HEN's response to the Request for Proposal (RFP), the HEN shall submit a draft Management Plan (MP) for review and comment by the PfP. Additional detail may be provided based on the feedback from Government personnel. The HEN will be required to present the final version of the MP at the Kick Off meeting, which shall be scheduled to occur no less than fourteen calendar days following contract award. The MP shall provide extensive detail on how the HEN plans to conduct the activities of the contract. A key feature of a successful plan will include how the HEN plans to address and incorporate lessons learned from any previous quality improvement experience, and/or large-scale improvement activities.

Subtask 1.2: Recruitment of Hospitals

In the first phase of the PfP program, the initiative recruited over 3,700 hospitals. As a part of the continuation, we envision that the program would maintain and/or increase the current level of participation. The PfP intends to extend the existing test.. The overall Partnership for Patients program goal remains to recruit the active participation of 100% of short-stay, acute care hospitals in the U.S.

The HEN shall submit a recruitment and retention plan detailing the HEN's plan to recruit and retain hospitals. The plan shall also describe the HEN's ability, and on-boarding process, to bring on additional hospitals, while avoiding duplication. The HEN shall implement this plan immediately following approval by the PfP. The recruitment and retention plan shall be submitted to the PfP COR within 10 business days of contract award. All activity related to recruitment shall be completed within 60 calendar days of contract award, and a final report submitted to CMS detailing participating hospitals.

TASK TWO: CONDUCT TRAINING

The contractor shall conduct training activities that address at a minimum, each of the ten (10) core topics, including hospital-acquired conditions, and all-cause 30-day readmissions. The contractor shall develop and present training on hospital-acquired conditions and patient readmission not identified in the PfP for submission to the NCD and other PfP participants. Meeting schedules and locations must support and foster widespread participation in events. The amount and types of trainings conducted should afford all enrolled hospitals an opportunity to participate in as many training sessions as necessary to cover the topics. Applicants shall describe a proposed mix of training events (that will include in-person meetings, conference calls, webinars, and other meeting formats) and describe why its proposed mix is both effective and efficient in providing training opportunities.

The contractor shall collaborate with the NCD to obtain educational materials to support training activities. The HEN may produce additional training support materials to augment or enhance NCD materials. When necessary the HEN shall collaborate with the NCD to obtain licensure or certification required to utilize

educational materials obtained from participant hospitals. Educational materials may include webinars, educational brochures, DVDs, CDs, and various other forms of educational media deemed appropriate by the HEN.

The contractor shall provide the government with a schedule of proposed training events identifying the HAC/readmission issue being addressed.

TASK THREE: TECHNICAL ASSISTANCE & SUPPORT TO HOSPITALS

The HEN, in coordination with the NCD, shall provide technical assistance to participant hospitals to ensure that methods proposed to reduce the ten core events are implemented among hospital participants. Such technical assistance may include establishing learning collaborative, developing data sharing networks, developing mechanisms to support peer to peer training among hospitals, conducting conference calls, and conducting site visits to participating hospitals. These activities must be conducted to ensure hospital engagement and continuous participation in all PfP improvement efforts.
The contractor shall assist and monitor the reduction in perinatal harm plan within their HEN. These activities must be conducted to ensure hospital engagement and continuous participation in all PfP improvement efforts.

Subtask 3.1: Action on Readmissions

The HEN shall secure hospital Senior Leadership commitment to the aims of the PfP, with emphasis on the reduction of all-cause 30-day readmissions.

The HEN shall develop and begin implementing a plan, within 30 days of contract award, to focus on reducing readmissions. The PfP will review and approve the plan prior to implementation by the HEN. The plan, at a minimum, shall include a major campaign push to reduce readmissions through December 2015. Many Partnership for Patients established partners and programs could be part of this plan including Quality Improvement Networks (QINs), CCTP program sites, various types of ACOs, Area Agencies on Aging, and others.

Subtask 3.2: Disparities

The PfP is in action to address and track healthcare disparities, and the HEN shall engage its network in activities to reduce healthcare disparities. These activities may include engaging hospital leadership in discussions to encourage addressing and tracking healthcare disparities in harm and readmissions. HENs are encouraged to:

1. Work with hospitals to standardize the collection of REAL patient data (e.g. race, ethnicity, age, language).
2. Work with hospitals to utilize the REAL patient data to identify disparities in patient health outcomes, including harm and readmissions.
3. Leverage REAL data to drive down all areas of harm.

Subtask 3.3: Patient and Family Engagement

The HENs will work to focus and incorporate patient and family engagement into their harm reduction program of work. HENs shall measure and report on the following proven best practices in the area of patient and family engagement that have emerged as part of the PfP campaign, including at a minimum in the following five areas:

1. Implementation of a **planning check list for patients known to be coming to the hospital;**
2. Conducting **shift change huddles** and **bedside reporting** with patients and families;
3. Designation of an accountable leader in the hospital who is responsible for patient and family engagement;
4. Hospitals having an active **Patient & Family Engagement Committee or other committees where patients are represented;**
5. One or more patient representatives serving on the hospital Board of Directors.

TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE

The HEN shall establish and implement a system to track and monitor hospital progress towards operational and quality improvement goals. Within this task, the HEN shall at a minimum collect operational metrics, and improvement metrics amongst participating hospitals.

The HEN shall collect data to track improvements in care delivered by hospitals participating in the collaborative efforts of the HEN (e.g., process and outcome measures associated with hospital improvements); the data collection plan must be in compliance with HIPAA as well as FISMA as defined in Sections H and I of this contract;

To complete the measurement and tracking task the HEN shall establish a set of "improvement measures" for each improvement project. Based on lessons learned over the past three years, CMS has fostered convergence on the following set of commonly reported, nationally-standardized measures:

Adverse Event Area	Measure
Early Elective Delivery (EED)	Perinatal Care (PC)-01 Elective Delivery (NQF 0469)
OB-Other	OB Trauma (PSI-18 and PSI-19) ◆ Vaginal deliveries with instrument ◆ Vaginal deliveries without instrument
Catheter-Associated Urinary Tract Infection (CAUTI)	National Healthcare Safety Network (NHSN) CAUTI Outcome Measure (NQF 0138) Standardized Infection Ratio (SIR) ◆ Intensive Care Unit (ICU) Units, excluding Neonatal Intensive Care Unit (NICU) ◆ ICU + Other units
	Catheter utilization ratio (catheter days per 10,000 patient days)
	Note: NHSN data and/or ICD-9 definition, including a minimum of codes 599.0 and 996.64
Central Line-Associated Blood Stream Infection (CLABSI)	NHSN CLABSI Outcome Measure (NQF 0139) (SIR) ◆ ICU Units, including NICU ◆ ICU + Other units
	CLABSI utilization ratio (central line days per 10,000 patient days)
Falls	Falls with injury (NQF 0202) ◆ All acute care units
Pressure Ulcers (PrUl)	PrU rate, Stages 3+ (Agency for Healthcare Research & Quality [AHRQ] PSI-03) PrU prevalence (hospital-acquired) (NQF 0201) (Stage 2+)
Venous Thromboembolism (VTE)	Post-Operative pulmonary embolism (PE) or deep vein thrombosis (DVT) rate (AHRQ PSI-12)
	Note: VTE measurements in the national goal shall consist of all surgical patients

Adverse Event Area	Measure
SSI	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific SSI Outcome Measure (NQF 0753) (SIR) ◆ Colon surgeries ◆ Abdominal hysterectomy
	Same as above for: ◆ Total hip replacements ◆ Total knee replacements
	Note: SSI national measurement considers all procedures; therefore, the HEN interventions and measurement shall cover multiple classes of surgeries
Ventilator-Associated Event (VAE)	Ventilator-Associated Condition [VAC] Infection-Related Ventilator-Associated Complication [IVAC]

HENs are expected to utilize and report at least 88% (15 out of 17) of the measures indicated above. In addition, HENs shall provide baseline information based on 2010 data for each area of focus. Due to the need to improve CAUTI, the HEN is required to track the urinary (Foley) catheter utilization rate, or utilization ratio.

Unless the contractor can provide a strong argument to do otherwise, each improvement project shall include at least one process measure and one outcome measure for each of the 10 harms and readmissions priorities. (Outcome measures need not be risk adjusted.) Relevant educational resources related to basic statistics as applied to quality improvement projects, and the role of measurement in improvement projects shall be deployed to hospitals.

The government has a need to obtain data at the hospital level to better ascertain the level of attribution to PfP-aligned versus non-PfP-aligned hospital locations. As such, the HEN shall provide hospital-level, as well as aggregate, data to the government for all data reports it submits to the PfP under this contract. This will include, but is not limited to, names and locations of hospital participants and non-participants within its jurisdiction, as well as operational metrics and improvement measure results. To protect the interests of industry, HENs will have latitude to report this information identified by hospital name OR via a de-identified marker (e.g., by an assigned number).

Subtask 4.1: Cost Savings as a Result of HEN Activities

The HEN shall measure and report estimates of cost savings and the return on investment linked to their activities. The HEN shall report estimated cost savings related to harm reduction activities in the HEN's monthly report.

TASK FIVE: ONGOING STATUS UPDATES

The HEN will be responsible for providing ongoing ad hoc status information at the request of the COR as well as formal **monthly and mid-year** reports to CMS/CMMI staff to address progress issues and lessons learned during the performance period, as well as ascertain interim results on the established targets as defined by CMS in conjunction with the evaluation contractor. For the mid-year 2015 monthly status report, CMS requires that the HEN document the progress of their hospitals towards achieving interim targets, consistent with achieving the 40/20 goals, and the contract evaluation criteria. CMS will populate the evaluation criteria with the updated interim targets.

Monthly reports must include an update on operational metrics **describing the participation status** among hospital participants. At a minimum the **monthly** report must include the following metrics:

- Number, name, and location (city, state) of hospitals that have joined the contractor's improvement network;
- Number, name, and location (city, state) of hospitals participating in each improvement projects;
- Percent of applicable hospitals participating in major training sessions or meetings (to be tracked for each such event); and
- Number, name, and location (city, state) of hospitals participating in each improvement projects that have submitted all available improvement measure data
- Number, name, and location (city, state) of hospitals participating in each improvement projects that have achieved significant level of improvement using agreed upon standards across HENs
- Estimated amount of cost savings attained as a quantitative result of PfP activities.

The mid-year report shall include information on the status of the project, including aggregate data on hospital progress on improvement measures for each project. Additionally, noteworthy aggregate improvements and milestones, identification of areas of outstanding improvement, and identification of areas where progress has not been made, shall be addressed. The report shall provide information to the government on successes, failures, pitfalls and areas of improvement in each requirement performed by the HEN.

TASK SIX: COLLABORATION, ALIGNMENT, AND COORDINATION WITH PfP PARTICIPANTS AND STAKEHOLDERS ON QUALITY IMPROVEMENT ACTIVITIES

The contractor shall coordinate with other PfP participants and stakeholders including the QIN-QIO community (regional QIO-QINs, BFCC-QIO and BFCC-NCC partners) and the Community Based Care Transitions Program (CCTP) where applicable, to collect and share data and other elements necessary to implement, operate, and evaluate the PfP, and to achieve the shared aims of the projects. These collaborative efforts should include the coordination of activities to synergize partnering entities' contributions to harm reduction, as well as environmental scans of recruited hospitals to prevent unnecessary burden with regard to programming and reporting. HENs are also expected to leverage the collective momentum on patient and family engagement achieved by these different stakeholders, and work to connect where possible to provide continuity of the processes that support patient and family engagement.

The HEN shall ensure that there are appropriate and well-documented coordination mechanisms in place to ensure that resources are used in the most efficient manner, and that improvement activities with the HEN member hospitals do not become duplicative with the activities of other CMS partners, such as the QIN-QIOs. In their proposal, the HEN shall document steps to encourage synergy and prevent duplication, and the additional steps the HEN will take to maximize synergy and prevent duplication between the HEN, QIN-QIOs and others. In addition, documentation of work and additional Plans to Maximize Synergy & Prevent Duplication shall be provided to CMS within 30 calendar days of contract award. Ongoing documentation of all communication and collaborative efforts to reduce duplication of effort shall also be included in each monthly and mid-year report.

In particular, electronic copies of monthly, mid-year, and annual progress reports shall be made available to the Program Evaluation contractor and the National Content Developer through submission into the CMS ART system by the designated due date, and the contractor shall respond to email and phone inquiries from the Evaluation contractor in a reasonable timeframe, and cooperate with evaluator requests for information or access to staff.

TASK SEVEN: HOSPITAL LEADERSHIP COMMITMENT TO THE AIMS OF THE PFP WITH SPECIFIC EMPHASIS ON CAUTI REDUCTION

1. The HEN shall strive to secure a signed commitment, within 45 business days of contract award, from each participating hospital Chief Executive Officer/Chief Medical Officer or equivalent senior leader that renews the hospital senior leadership commitment to the aims of the Partnership for Patients (PfP), especially for CAUTI reduction.
2. The HEN shall develop and implement a robust plan that addresses the reduction of CAUTI, including specific projects to decrease catheter utilization (see #3 below). HENs are also encouraged to leverage the Targeted Assessment for Prevention (TAP) strategy provided by the Centers for Disease Control (CDC) to further target their interventions.
3. The improvement literature suggests that avoiding unnecessary urinary (bladder) catheter use is one of the most important proven interventions in the prevention of CAUTI. The HEN shall work with its network of hospitals to establish protocols and interventions to decrease unnecessary placement of urinary catheters. These activities may include, but not be limited to, identifying and deploying interventions to be shared with its member hospitals that prompt removal of unnecessary urinary catheters, and removal of necessary urinary catheters at the earliest possible moment after they are no longer necessary.

TASK EIGHT: PREPARE A FINAL REPORT

The HEN shall be responsible for the preparation of a final report at the conclusion of the base period. This report shall provide information to the government on successes, failures, pitfalls and areas of improvement in each requirement performed by the HEN. The report shall also provide recommended next steps to the government for the potential continuation of the work under new contracts in support of PfP.

The final report shall describe the activities carried out during the base period, and provide a detailed description of lessons learned regarding best methods to identify and solve problems in improving inpatient safety processes. The report will be reviewed and evaluated by CMS, and the contractor will make revisions as needed. The contractor shall deliver final versions of all training materials developed in the project to CMS in a format that may be easily reproduced and disseminated.

Table 1: Deliverables

Task	Deliverable	Recipient	Date
1	Project Design Report (Draft)	COR	45 calendar days of contract award
1	Project Design Report (Final)	COR	60 calendar days of contract award
1.2	Recruitment and Retention Plan to Add New Hospitals	COR	10 business days of contract award
1.2	Recruitment and Retention Report (Final)	COR	60 calendar days of contract award
2	Training Schedule	COR	60 calendar days of contract award
3.1	Readmission Plan	COR	30 calendar days of contract award
5	Monthly Status Report	COR	9th day of each month, or next business day
5	Special Report on Interim Target Attainment	COR	Mid-Year
5	Mid-Year Status Report	COR	Mid-Year
6	Plan to Maximize Synergy and Prevent Duplication	COR	30 calendar days of contract award
7	Leadership Engagement and CAUTI Action Plan	COR	60 calendar days of contract award
8	Annual Report Draft	COR	330 calendar days of contract award
8	Annual Report Final	COR	360 calendar days of contract award
	"Final" Contractor Code of Business Ethics and Conduct	CO	30 days of contract award if applicable per section H.1.C.3
	"Final" Business Ethics Awareness and Compliance Program	CO	90 days of contract award if applicable per section H.1.C.4

Specific dates for deliverable submission will be included upon award.